

CITY OF SEAT PLEASANT

Business License Application

6301 Addison Road • Seat Pleasant, Maryland 20743-2125 • (301) 336-2600 • Fax (301) 336-0029

BUSINESS LICENSE FEE: \$100.00

A City of Excellence

PRINT OR TYPE • COMPLETE ALL SECTIONS FRONT AND BACK OF FORM

TYPE OF BUSINESS: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other _____
Is this a non-profit organization? ☐ Yes ☐ (Non-profit organizations are required to be licensed.)

NATURE OF BUSINESS: Check all that apply.

☐ Manufacturing ☐ Printing & Publishing ☐ Wholesale ☐ Retail ☐ Service ☐ Transportation
☐ Other _____

DESCRIBE THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: _____

LEGAL NAME: _____
(If a sole proprietorship, please list your legal name, last name first, including middle initial.)

TRADE/DBA (doing business as) NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

EMAIL: _____ **WEB:** _____

EMERGENCY AFTER-HOURS CONTACT(S) [AT LEAST ONE CONTACT REQUIRED]:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

FEDERAL EMPLOYER ID NUMBER: ID# _____
MD EMPLOYER ID NUMBER: ID# _____
MD CONTRACTOR NUMBER: ID# _____

PRINCE GEORGE'S COUNTY CERTIFICATION(S):

CERTIFICATE OF OCCUPANCY: Certificate #: _____
HEALTH PERMIT: Permit #: _____
LIQUOR LICENSE: License #: _____

NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, OR RESIDENT AGENT: List true name(s), address, telephone number and date of birth for the sole proprietor, partners or corporate officers/directors and their titles (attach a separate sheet, if needed.)

NAME AND TITLE	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE	BIRTHDATE
----------------	-----------------	----------------	-----------	-----------

CITY OF SEAT PLEASANT – BUSINESS LICENSE APPLICATION (CONT'D)

Approximate date business opened at this address: _____

Number of Employees: Full-Time _____ Part-Time _____

Property Owner Name _____

Property Owner Telephone Number _____

Property Owner Mailing Address _____ City _____ State _____ Zip Code _____

A SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION

PLEASE NOTE: Submittal of this application does not indicate approval of your business license. You will be notified when your application has been approved. OPERATING A BUSINESS WITHOUT A CITY BUSINESS LICENSE IS A VIOLATION OF CITY LAW.

I hereby attest that I have not been convicted of a crime which relates directly to the business for which this registration is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Maryland Consumer Protection Act or similar state or federal statutes, or had any other judgment or cease and desist order or consent decree relative to business activities. I further attest the information provided on this application is true and accurate. I understand my place of business must comply with all City of Seat Pleasant codes and ordinances and the business license application fee is non-refundable.

SIGNATURE OF APPLICANT _____

DATE _____

PRINT OR TYPE NAME _____

TITLE _____

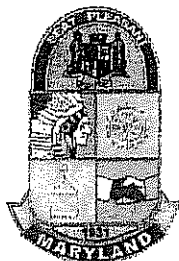
**BUSINESS LICENSE APPLICATION AND FEE MUST BE
POSTMARKED BY DECEMBER 31ST TO AVOID PENALTIES**

Pursuant to Seat Pleasant City Code §107-17, failure to submit timely application for a business license shall be punishable by a fine of \$100.00, plus an additional fine of \$50.00 PER DAY for each day a violation exists.

Please make check payable to:
City of Seat Pleasant

Mailing Address:
City of Seat Pleasant
ATTN: Finance Office
6301 Addison Road
Seat Pleasant MD 20743-2125

The business license will be mailed
to the local business address upon
approval of application.



A City of Excellence

OFFICIAL USE ONLY

INITIAL

DATE RECEIVED: _____

AMOUNT: _____

CHECK NO.: _____

RECEIPT NO.: _____

APPROVED:

Finance/ Date _____ /By _____

Code Enforcement /Date _____ /By _____

City Administrator/Date _____ /By _____

LICENSE #: _____

DATE MAILED: _____